

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053429

1. Entity Name
ACE TITLE LOAN, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90146 050 ***158.75

80012951



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1089 N NAVY BLVD
PENSACOLA FL 32507
US

Mailing Address
1089 N NAVY BLVD
PENSACOLA FL 32507
US

2. Principal Place of Business
8961 PENSACOLA BLVD.

3. Mailing Address
P.O. BOX 5470

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

City & State
PENSACOLA, FLORIDA

City & State
DESTIN, FLORIDA

Zip
32534

Country
US

Zip
32540

Country
US

4. FEI Number 59-3327927

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REEVES, REAGAN J
1089 N NAVY BLVD
PENSACOLA FL 32507

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
8961 PENSACOLA BLVD., # 101
City PENSACOLA FL Zip Code 32534

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPST	<input type="checkbox"/> Delete	TITLE	CPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALEY, JOHN N.		NAME	GALEY, JOHN N.	
STREET ADDRESS	1089 N NAVY BLVD		STREET ADDRESS	8961 PENSACOLA BLVD., #101	
CITY-ST-ZIP	PENSACOLA FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: John N. Galey JOHN N. GALEY 1-22-01 850 494-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 850 654-0566

CR2E034 (10/00)